



# Home Health Quality Initiative (HHQI) Culture Change Trek

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**April 22, 2008**



**Home health care, the final frontier . . .**

**These are the voyages of my home health  
agency. Its continuing mission is to explore  
new innovations, to seek out new ideas and  
interventions, and to boldly go where no  
home health agency has gone before . . .**



## Why Go Boldly?

- Stagnant culture leads to negative results
- You can't afford not to change . . .
- Change is scary—you have to be **BOLD** to embrace it

## Organizational Culture

Can be defined by:

- A company's mission, goals, and values
- Things that influence the working environment itself and the behaviors of those who work there
- A company's spoken and unspoken rules of conduct

## Organizational Culture

*It's how people behave  
when they think no  
one is looking*

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## Culture Change Topics

- How does your agency **embrace** quality improvement?
- How do people **at your agency work together?**
- How does your agency approach **delivering** safe, quality care?

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## **Culture Change Self-Assessment Questions**

Select the answer that best reflects your agency's current practices

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## **How Does Your Agency Approach Quality Improvement (QI) And Safety?**

- a) Improvement depends on the individuals. Improvement efforts do not follow a standard model, therefore projects cannot be replicated or improved.
- b) Our agency has adopted a model for improvement that is applied in a consistent fashion (e.g. OBQI). Staff are taught this model and expected to use it in their improvement efforts.
- c) Management has documented a consistent approach to QI and is committed to its proper implementation. The QI model is integrated into training and procedures. There is also monitoring and regular feedback on progress with improving quality of care.
- d) Our agency uses data to monitor and improve performance. Improvements are tested and evaluated; best practices sought and shared; and leadership actively seeks to integrate QI into all aspects of the organization.

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## Does Your Agency Learn From Experience?

- a) Other than individual staff, learning is not promoted. Errors are not examined, documented, or discussed in a systematic way. When people leave, their experience is lost to the agency.
- b) Our agency monitors performance with data and learns from changes in the data. Staff and patients are surveyed and the results are used for improvement. Lessons are shared routinely.
- c) Feedback is promoted at all levels. Staff are encouraged to ask tough questions and to try to understand the causes behind performance concerns. Leadership promotes learning from errors, and problems are shared with staff. The agency can be described as open to learning and promoting sharing.
- d) Errors are routinely monitored and studied. Staff seek to understand the causes behind the errors and find ways to prevent them. Staff feel safe and are open about mistakes and problems. Best practices are routinely sought through networking with other agencies.

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## Commitment To Safety And Quality

- a) Quality and safety are areas for individual effort. Staff do not see their concerns for quality and safety being systematically or consistently addressed.
- b) Leadership promotes a systematic approach to quality and safety. Quality and safety issues are discussed and areas for improvement are recognized. The agency participates in QI projects.
- c) Quality and safety are routinely monitored. Measures of quality and safety are used and staff receive feedback on the quality of their work.
- d) Leadership is clearly and openly committed to improving quality and safety. Best practices are sought; variation is monitored and improvement is continuous. Leadership ensures that quality data is tracked on a continuing basis and that improvement is ongoing and integrated throughout the agency.

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## Does Your Agency Help People Work Together To Deliver Care?

- a) Our agency's approach to care emphasizes individual staff responsibility rather than a team approach. Care delivery is organized around individual responsibilities or professional roles, not teamwork.
- b) Management endorses teamwork as a policy. Input from the team is sought, but work is still largely directed by one or a few individuals, not by a team. Teamwork is not facilitated or included in staff training.
- c) The agency promotes a teamwork model for care delivery through training, assessment, and monitoring. Care is directed by the team. Feedback is directed to all the team members and not only to individuals.
- d) Staff make decisions as a team and work at maintaining high-quality teamwork. Teamwork best practices are developed and sought. Teamwork is continuously improved along with clinical care.

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## Does Your Staff Communicate?

- a) Communication quality—including openness and conflict management—varies depending on the individual. Staff are reluctant to speak up regarding disagreements or problems. Conflict may be avoided and not addressed as a team or by leadership.
- b) The agency has clear expectations about communication quality. Staff roles and needs for information are defined. There is a systematic approach to communication and to the promotion of communication skills.
- c) Leadership promotes open communication among staff. Conflict resolution is included in staff training. Leadership initiates efforts to address conflict openly. Performance feedback includes feedback about communication quality.
- d) Communication quality is monitored by the agency (through surveys, meetings, or other means). Staff does not fear raising issues that may lead to conflict. Ability to face and resolve differences is assessed in staff surveys. Feedback is incorporated into team meetings. The quality of communication is continuously improved.

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## Two-Day OASIS Training

### Information Sharing

- a) Information quality and sharing depends on the efforts of individuals to keep track of the information and ensure that it is handled properly.
- b) The agency has procedures for handling data/patient information to ensure people are informed in a timely manner. Tools, such as communication software, are provided to support communication among team members. Team members are kept informed regardless of location or schedule.
- c) Information, data quality, and data distribution are monitored for quality. Staff measure and report the quality of information and data. People receive feedback on their information sharing skills.
- d) The agency has standard systems and methods for communicating, such as reports, meetings, and surveys that support communication across teams and across agencies. Protocols are used where applicable. Errors are tracked and improvements are introduced. Information and data quality are continuously improved.

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### Which Best Describes The Patient Role In Care Delivery At Your Agency?

- a) Efforts to consider the patient's interests are largely up to individual staff members. There is no agency model for the role of the patient.
- b) The agency officially endorses the concept of **patient centeredness** and teaches it to staff.
- c) Patient centeredness is tracked through surveys and interviews. Patients are assessed as to their ability to participate in patient-centered care. Staff receive feedback on their use of patient-centered practices.
- d) Patient-centered care is integrated into the agency and continuously improved. Patients receive assistance to participate in patient-centered care. The patients' ability to advocate for themselves is assessed and improved. Best practices are routinely sought; variations are examined and improved.

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## Which Best Describes How Care Is Integrated Across Disciplines/Settings?

- a) The goal of care is to deliver the visit. Assignments are based on availability of type of staff (e.g. licensing requirements). Continuity is initiated by individual staff.
- b) The goal of care is to deliver treatment interventions. Assignments are based on availability of type of staff and skill for specific treatment interventions. Continuity is initiated by individual staff.
- c) The goal of care is to improve health and function. Patients are assigned a care manager who sees the patient consistently, coordinates all other services, and communicates with the physician to develop/modify the plan to achieve optimal patient outcomes.
- d) Coordinated care is integrated into the agency approach, including collecting data on coordination, understanding the barriers to quality care, and coordinating continuous improvement care along with other aspects of care to assure seamless quality care.

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## Does Your Agency Have A Healthy QI Culture?

To be continued . . .

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Publication Number  
AZ-8SOW-1B-042108-01